



# autism guernsey LOTTERY

## REGISTRATION FORM

One form is needed per ticket application

Name	Email
<input type="text"/>	<input type="text"/>
Address	Telephone or mobile
<input type="text"/>	<input type="text"/>
Postcode	
<input type="text"/>	

I wish to participate in the monthly Autism Guernsey Lottery and I confirm that I am (or the person receiving this gift is) over the age of 16. *(Please tick to confirm)*.

Signed	Date
<input type="text"/>	<input type="text"/>

IF THIS TICKET IS A GIFT FOR SOMEONE ELSE PLEASE COMPLETE THEIR DETAILS BELOW.

Name	Email
<input type="text"/>	<input type="text"/>
Address	Telephone or mobile
<input type="text"/>	<input type="text"/>
Postcode	
<input type="text"/>	

**Autism Guernsey** Autism Guernsey,  
First Floor (East), La Grande Rue,  
St. Martin's, Guernsey, GY4 6RU

Charity Number CH 419  
**www.autismguernsey.org.gg**  
For any questions call: **01481 232879**

## STANDING ORDER FORM

Please set up the following standing order and debit my account accordingly. Account details:

Account name	Account number
<input type="text"/>	<input type="text"/>
Name and address of bank	Sort code
<input type="text"/>	<input type="text"/>
Postcode	
<input type="text"/>	

Pay to Lloyds Bank, Smith Street, Guernsey (30-93-73) for the credit of Autism Guernsey LBG Fundraising, account number 28986660, the sum of (please tick one box below)

£5 monthly  **OR** £60 yearly  To be debited on the first working day of the month commencing on (insert date)  until further notice.

Signature	Today's date
<input type="text"/>	<input type="text"/>

**NOTE TO BANK** Please ensure this payment reference is quoted on all payments:

**Lottery Promoter: Gillian Clark**  
Tel: 07781 436360  
Lottery Ref No: 30/2016

"Autism Guernsey has helped turn my life around, they offer support not just for me, but my family too."

"Autism is a challenging condition so it is great that there are people who understand."

